MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06518

5591 **CERTIFICATE OF DEATH** Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park X — LENGTH OF STAY (in this place) 5 Months	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Swanton X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of H. B. Groves 60	STREET ADDRESS (If rural give location) 2 Mi west of Swanton, Md.

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Rachel (Last) Beckman

4. DATE OF DEATH: (Month) (Day) (Year) June 24, 1954 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	1/13/1878	76 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Work	Own Home	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John C. Beckman	Marion Fredlock

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
4 no		-----	Mrs. H. B. Groves Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

174X

Immediate cause (a) Carcinoma uterus c — 2 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastasis to abdomen

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1954, to June 24, 1954, that I last saw the deceased alive on June 20, 1954, and that death occurred at 2:10 P M, from the causes and on the date stated above.

SIGNATURE (Degree or Title) A. E. Moore M.D. — ADDRESS Oakland Md — DATE SIGNED 25 June 54

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/26/1954	Beckman Cemetery	Near Swanton, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/26/1954	Julia C. Rowan LR	Herbert C. Leighton	Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05576

5592 **CERTIFICATE OF DEATH**

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Garrett — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — LENGTH OF STAY (in this place) 7 60

HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE W. Va. COUNTY Preston

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Horse Shoe Run R5X-3

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Savina (Last) Blank

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Feb 27-1867	87 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		W. Va.	U.S.A.

13. FATHER'S NAME: John Knotts

14. MOTHER'S MAIDEN NAME: Lettie Spessert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Mrs Edna Lewis (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 903.0	(a) Cardiac Decompensation	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Fracture, Femoral neck	1 month
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 14, 1954	Femoral neck fracture	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Horse Shoe Run	Preston	W. Va.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
May 10 '54 A M.		Pt. fell in her room.

22. I hereby certify that I attended the deceased from May 10, 1954, to May 25, 1954, that I last saw the deceased alive on May 25, 1954, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Joseph Alvarez	M.D.	101 Third St.	Oakland Md. June 8, 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 9, '54	Teter Cemetery	Horse Shoe Run, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 8/54	Julia Rowan LR	Wayne C. Spiggle	Davis W. Va.

RECEIVED
JUN 21 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05578

5593 CERTIFICATE OF DEATH

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: GARRETT — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND

LENGTH OF STAY (in this place): 10 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND — COUNTY: GARRETT

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MT. LAKE PARK

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) ERMA (Middle) (Last) BURRELL

4. DATE OF DEATH: (Month) JUNE (Day) 2 (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MARCH 21, 1904

9. AGE last birthday: 50 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HART, CHARLES

14. MOTHER'S MAIDEN NAME: SARAH Hannah Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MR. CHARLES W. BURRELL, MT. LAKE PARK, MARYLAND

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

157 X

Immediate cause (a) Carcinomatosis, Head of pancreas — 15 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 28, 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of head of pancreas

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to June 2, 1954, that I last saw the deceased alive on June 2, 1954, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph Alvarez M.D — ADDRESS: 101 Third St. Oakland, Md. — DATE SIGNED: 6/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 4, 1954 — NAME OF CEMETERY OR CREMATORY: Oakland — LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/4/54 — REGISTRAR'S SIGNATURE: Julia L Rowan — 24. FUNERAL DIRECTOR: Emrey Bolden — ADDRESS: Oakland, Md.

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JUN 21 1954
BUREAU V.

Film#G167 Item# 7
6/24/54 emf
Item 9 film G168 7/6/54 em

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05579

CERTIFICATE OF DEATH

5594

Reg. Dist. No. 7 6 6

1. PLACE OF DEATH:
COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WEST VIRGINIA COUNTY GRANT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WILSON
STREET ADDRESS (If rural, give location): 85X-3

3. NAME OF DECEASED (Type or Print): (First) CASSA (Middle) (Last) BUTCHER

4. DATE OF DEATH: (Month) JUNE (Day) 10, (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: JUNE 12, 1875

9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FREDERICK, FRANK

14. MOTHER'S MAIDEN NAME: COLLINS, ELIZABETH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Georgia Nestor, Parsons, W.Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 5 days
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Hypertension
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1954, to June 10, 1954, that I last saw the deceased alive on June 10, 1954, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
6/10/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 12-1954 — NAME OF CEMETERY OR CREMATORY: Oakland Md — LOCATION (City, town, or county) (State): Oakland Md

DATE REC'D BY LOCAL REG. June 13/1954 — REGISTRAR'S SIGNATURE: Julia L. Brown

24. FUNERAL DIRECTOR — ADDRESS: Emory Bolden Oakland Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06519

5595 **CERTIFICATE OF DEATH** Reg. Dist. No. 166

1. PLACE OF DEATH:

COUNTY Garrett MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park X

LENGTH OF STAY (in this place) 76 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Deer Park

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Wilfred (Middle) (Last) Chadderton

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 2, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Sharon, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Chadderton

14. MOTHER'S MAIDEN NAME: Jane Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. J. Ed. Helbig

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocardial Insufficiency	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral Hemorrhage with left sided paralysis	2 weeks
	DUE TO (c) Hypertension	6 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to June, 1954, that I last saw the deceased alive on June 22, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ralph Calandrella M.D. ADDRESS Kitzmiller, Md. DATE SIGNED June 23-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF June 24, 1954

NAME OF CEMETERY OR CREMATORY Deer Park Cemetery

LOCATION (City, town, or county) (State) Deer Park, Md.

DATE REC'D BY LOCAL REG. 6/24/54

REGISTRAR'S SIGNATURE Julia A Rowan LR

24. FUNERAL DIRECTOR Emroy Baldwin ADDRESS Oakland, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

RECEIVED
JUL 20 1954
BUREAU V

5596

05580

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL STAR RT. FROSTBURG, MD.
LENGTH OF STAY (In this place) ½ hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS ---

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DANSVILLE, MARYLAND
STREET ADDRESS NONE (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BARTLETT JENNINGS (Middle) COTRILL (Last)

4. DATE OF DEATH (Month) 6 (Day) 23 (Year) 54

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAY 19, 1908
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer for B.&O. R. R.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) WAINEVILLE, WEST VA.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME HANS COTRILL
14. MOTHER'S MAIDEN NAME ROSIE GREEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-10-4058
17. INFORMANT AND ADDRESS RUBY V. COTRILL, WIFE, DANSVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ACUTE MYOCARDIAL INFARCTION	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) OBESITY	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X , accident , suicide , homicide , undetermined .*

SIGNATURE James W. Feaster, Jr. (Degree or title) M.D. ADDRESS 58 2nd St. Oakland, Md. DATE SIGNED JUNE 23, 1954
(ACTING MEDICAL EXAMINER)

BURIAL CREMATION MOVAL (Specify) Burial
DATE THEREOF 6-26-1954
NAME OF CEMETERY OR CREMATORY Philos Cemetery
LOCATION (City, town, or county) Westernport, (State) Md.

DATE REC'D BY LOCAL REG. 6-25-54
REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe
6-26-54 Ellis Broadwater
24. FUNERAL DIRECTOR Joseph R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5597 **CERTIFICATE OF DEATH** Reg. Dist. No. 06520 6

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Preston
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland — LENGTH OF STAY (in this place) 2 wks.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Newburg, Rural#1, W.Va.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) (Last) Eliason

4. DATE OF DEATH: (Month) June, (Day) 15, (Year) 1954.

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: May, 22, 1870. — 9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days 23 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Work, Others — 10b. KIND OF BUSINESS OR INDUSTRY: House-keeper — 11. BIRTHPLACE (State or foreign country): West Virginia. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ziri Eliason. — 14. MOTHER'S MAIDEN NAME: Margret C. Knotts.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: None — 17. INFORMANT & ADDRESS: Harry F. Eliason, Newburg, W.Va. Rt.#1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Arteriosclerotic cardiovascular disease — ? years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure — 2-3 weeks?

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 June, 1954, to 15 June, 1954, that I last saw the deceased alive on ——, 19 ....., and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE Thomas J. Cushy M.D. (Degree or title) — ADDRESS Oakland, Md. — DATE SIGNED 6/17/54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 6-18-54. — NAME OF CEMETERY OR CREMATORY Blackwood Cemetary. — LOCATION (City, town, or county) Newburg Rt. 2 (State) Wva.

DATE REC'D BY LOCAL REGISTRAR 6/17/54 — REGISTRAR'S SIGNATURE Julia A Rowan LR — 24. FUNERAL DIRECTOR Archie C. Sinclair. Herbert C. Leighton — ADDRESS Newburg W.Va. Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 20 1954
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05581

5598 CERTIFICATE OF DEATH Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Grantsville
LENGTH OF STAY (in this place) 6½ Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Wilson (Last) Folk

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Oct 5-1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer&Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Springs Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Folk

14. MOTHER'S MAIDEN NAME: Matilda Hershberger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Bruce Folk. Grantsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease

DUE TO

(c) Generalized Arteriosclerosis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to June, 1954, that I last saw the deceased alive on 6-10., 1954, and that death occurred at 6:00 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) John T. Mitchell, Jr MD. ADDRESS Salisbury Pa DATE SIGNED 6-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6-30-1954 NAME OF CEMETERY OR CREMATORY Menonite Church Cema LOCATION (City, town, or county) (State) Rural Grantsville Md

DATE REC'D BY LOCAL REGISTRAR June 29 54 REGISTRAR'S SIGNATURE Ethel Bowlester

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

VS. A15

JUL 1 19
BUREAU V. S.

Film#G167 Item# 8
6/16/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05582

5599 CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Garett — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Accident

LENGTH OF STAY (in this place) 18 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident Md

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) -- (Last) Harman

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 12-24-1872 3

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming Owner

10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer

11. BIRTHPLACE (State or foreign country): Rural-Accident Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Louis Harman

14. MOTHER'S MAIDEN NAME: Louisa Margold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: William Harman, Accident Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocarditis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral embolus	32 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1954, to JUNE 6, 1954, that I last saw the deceased alive on JUNE 6, 1954, and that death occurred at 12 Noon M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Milton Jaffer, M.D. Friendsville Md. JUNE 8, 1954

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or County) (State)
Burial	6-9-1954	Accident Cemetary	Accident Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 8/54	Ethel Broadwater	Allen Winterberg	Grantsville Md

VS. A15 8-51

RECEIVED
JUN 11 1954
BUREAU V. S.

5600

MARYLAND STATE DEPARTMENT OF HEALTH

05583

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (In this place) 7½ HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN VINDEX, MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GARY (Middle) (Last) KINSER
4. DATE OF DEATH (Month) June (Day) 13 (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH FEB. 17, 1953
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME KISNER, JULIUS EDMOND
14. MOTHER'S MAIDEN NAME KNOX, FREDA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS MOTHER VINDEX, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Oedema — 10 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Kerosine Poisoning — 10 hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Vindex (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) 6/12/54 (Day) (Year) 7:50 (Hour) p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Chief Drank Kerosine

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ✓, suicide , homicide , undetermined .*

SIGNATURE [signature] (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 6/13/54

23. MEDICAL CREMATION MOVAL DATE Remove Burial DATE THEREOF 6/15/54 NAME OF CEMETERY OR CREMATORY Fisher Cemetery LOCATION (City, town, or county) Vindex Md (State)

DATE REC'D BY LOCAL REG. 6/14/54 REGISTRAR'S SIGNATURE Julia A Bowen

24. FUNERAL DIRECTOR E. S. Boal ADDRESS Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the [illegible] of death clearly and legibly.

VS. A15A

JUN 21

06524

5601 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, NEAR SWANTON
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, NEAR SWANTON
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) EDISON (Last) LAKE
4. DATE OF DEATH: (Month) JUNE (Day) 24, (Year) 1954
5. SEX: Male
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: NOV.17TH.,1896
9. AGE last birthday: 57 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): OPERATOR OF GARAGE
10b. KIND OF BUSINESS OR INDUSTRY: FILLING STATION
11. BIRTHPLACE (State or foreign country): SPENCER, WEST VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ANDREW GRANT LAKE
14. MOTHER'S MAIDEN NAME: MILLIE BELLE GLAZE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-32-3163
17. INFORMANT AND ADDRESS: MILLIE FRANCES LAKE, FOREST HILL, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) GUNSHOT WOUND OF RIGHT TEMPLE WITH 38CAL. PISTOL RESULTING IN INSTANT DEATH DUE TO — INSTANT

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) FRACTURED SKULL AND MACERATION OF BRAIN

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. INTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide X, homicide ☐, undetermined ☐.

SIGNATURE: Rene H. Feaster Jr. (Degree or title) M.D. ADDRESS: 38 2nd St. Oakland Md DATE SIGNED: 6.25.54

(ACTING DEPUTY MEDICAL EXAMINER)

CREMATION: Removal DATE THEREOF: June 27, 1954 NAME OF CEMETERY OR CREMATORY: Elliott LOCATION (City, town, or county) (State): Akron, Ohio

23. REC'D BY LOCAL REG.: 6/27/54 REGISTRAR'S SIGNATURE: Nina [illegible] L.R.
24. FUNERAL DIRECTOR: Emroy Bolden ADDRESS: Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05586

5602

Item 9 film G168 7/6/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:
COUNTY Garett Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Accident Md
LENGTH OF STAY (in this place) 4 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: Garrett
STATE Maryland COUNTY Garett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Accident Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) -- (Last) Stanton

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12-26-1866
9. AGE last birthday: 87 ~~88~~ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bittinger Garett Co.Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Andrew Snyder
14. MOTHER'S MAIDEN NAME: Annie M.Hetrick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: None
17. INFORMANT & ADDRESS: Edward Stanton.R.D.2.Accident Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Cerebral Vascular Accident — 2 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — Yrs

DUE TO

(c) Arteriosclerosis — Yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Rt Clavicle — 2 wks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-25, 1957, to 6-17, 1957, that I last saw the deceased alive on 6-17, 1957, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James H. Fenton. Jr. M.D. ADDRESS 58 2nd St. Oakland. Md DATE SIGNED 6-28-57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-30-1954
NAME OF CEMETERY OR CREMATORY Bittinger
LOCATION (City, town, or county) (State) Bittinger Garett Co.Md

DATE REC'D BY LOCAL REGISTRAR 6-29/54
REGISTRAR'S SIGNATURE Edw Broadwater
24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05587

5603 CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:
COUNTY Garett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Jennings Md
LENGTH OF STAY (in this place) 45 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS --

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Jennings Md
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) Malinda (Last) Swauger

4. DATE OF DEATH: June (Month) (Day) 10 (Year) 1954 ~~October 8, 1886~~

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 10-8-1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Rural Jennings Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Wesley Hare
14. MOTHER'S MAIDEN NAME: Anna Stark

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Nora Beitsel, R.D. Grantsville, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio-Vascular
DUE TO
(c) disease

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/17, 1951, to June 9, 1954 that I last saw the deceased alive on 10/17, 1953, and that death occurred at 6/10-54 from the causes and on the date stated above.

SIGNATURE (Degree or title) C C Glass M D ADDRESS Meyersdale Pa DATE SIGNED 6/10-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-12-1954
NAME OF CEMETERY OR CREMATORY Bittinger Cemetary
LOCATION (City, town, or county) (State) Bittinger Md

DATE REC'D BY LOCAL REGISTRAR June 10/54
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 14 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05589

5604

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT. MARYLAND MD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 2 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS EVANS NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (Last) WEBER

4. DATE OF DEATH: (Month) JUNE (Day) 8 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: DEC. 18 1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MT SAVAGE MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HENRY WEBER.
14. MOTHER'S MAIDEN NAME: CATHARINE SCHUTZ.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service) FLORIST.
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: JOHN WEBER OAKLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.

Immediate cause (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 Days

DUE TO

Antecedent cause(s) (b) Arteriosclerosis - severe - generalized 10 yrs -

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1953, to June 8, 1954, that I last saw the deceased alive on June 7, 1954, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE R. E. Maine (DEGREE OR TITLE) MD — ADDRESS Oakland Md DATE SIGNED 10 June 54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE THEREOF JUNE-11-1954 NAME OF CEMETERY OR CREMATORY WEBER LOCATION (City, town, or county) NEAR OAKLAND (State) MD.

DATE REC'D BY LOCAL REG. June 11/54 REGISTRAR'S SIGNATURE Julia A. Rowan LR
24. FUNERAL DIRECTOR Emroy Bolden ADDRESS Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 21 1954
BUREAU V

5605 MARYLAND STATE DEPARTMENT OF HEALTH 05590

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and complete answering of questions is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give town) Rural- Swanton; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Wilson Road- R.#1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Swanton; STREET ADDRESS R#2 (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BURZIE (Middle) SANFORD (Last) WILT

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 19-54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: DEC. 7, 1887

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rural Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Mail

11. BIRTHPLACE (State or foreign country): Dry Run, Garrett Co., Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: ALLAN WILT

14. MOTHER'S MAIDEN NAME: ROSE ANNA BROADWATER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Sarah V. Wilt, R#2, Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. F. Bamgardner (Degree or title) M.D. ADDRESS Oakland Md. DATE SIGNED 6/2/54

BURIAL, CREMATION (Specify) Burial; DATE THEREOF June 4, 1954; NAME OF CEMETERY OR CREMATORY Wilson & Murphy Cemetery; LOCATION (City, town, or county) Dry Run, Garrett Co. (State) Md.

DATE RECD BY LOCAL REGISTRAR 6/3/1954; REGISTRAR'S SIGNATURE Julia A. Rowan LR

24. FUNERAL DIRECTOR Otha F. Sharpless; ADDRESS Blaine, W.Va.

VS. A15A

RECEIVED
JUN 21 1954
BUREAU V. S.

5606

MARYLAND STATE DEPARTMENT OF HEALTH

05591

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hutton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hutton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Ellen (Last) Thomas Wood
4. DATE OF DEATH (Month) June (Day) 4 (Year) 1954
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 31, 1875
9. AGE last birthday 79 yrs. If under 1 year Months 2 Days 3 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Swanton, Maryland.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Joseph F. Thomas
14. MOTHER'S MAIDEN NAME Amanda Jane Duvall (Thomas)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS George W. Wood, Hutton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held on Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. F. Baumgartner (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 6/5/54

23. BURIAL CREMATION REMOVAL (Specify) Removal + Burial
DATE THEREOF 6-7-54
NAME OF CEMETERY OR CREMATORY Terra Alta Cemetery
LOCATION (City, town, or county) (State) Terra Alta, West Virginia
DATE REC'D BY LOCAL REG. 6/7/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS Terra Alta, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 21 1954
BUREAU V.